

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003188

**FILED**  
**Mar 15, 2016**  
**Secretary of State**  
**CC8204014839**

**Entity Name:** MEFTAH FOUNDATION INC.

**Current Principal Place of Business:**

340 5TH AVE S SUITE 200  
NAPLES, FL 34102

**Current Mailing Address:**

340 5TH AVE S SUITE 200  
NAPLES, FL 34102

**FEI Number:** 20-3378489

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DROGUE, LINDA K  
340 5TH AVE S SUITE 200  
NAPLES, FL 34102 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** LINDA K DROGUE

03/15/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name MEFTAH, MICHAEL  
Address 146 MOORINGS PARK DR. APT. N-207  
City-State-Zip: NAPLES FL 34105

Title DV  
Name MEFTAH, PATRICIA M  
Address 146 MOORINGS PARK DR. APT. N-207  
City-State-Zip: NAPLES FL 34105

Title D  
Name MEFTAH, DIANE M  
Address 77 DEERFOOT RD  
City-State-Zip: SOUTHBOROUGH MA 01772

Title D  
Name MEFTAH, YVETTE M  
Address 2939 28TH STREET NW  
City-State-Zip: WASHINGTON DC 20008

Title D  
Name MEFTAH, PARVIZ  
Address 152 W HIGH STREET  
City-State-Zip: MI GILEAD OH 43338

Title D  
Name MCAVOY, BRIAN V ESQ.  
Address 850 PARK SHORE DR., 3RD FLOOR  
TRIANON CENTRE  
City-State-Zip: NAPLES FL 34103

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL MEFTAH, M.D.

D.P.

03/15/2016

Electronic Signature of Signing Officer/Director Detail

Date